

Cat exported from the United States (Category 3) to Australia

Veterinary Health Certificate (Attachment A)

Parts 1-3 to be completed by Accredited Veterinarian

1. Animal details

Import Permit number:	
Name of animal:	
Date of birth:	
Sex: (mark with an X in the appropriate box)	<input type="checkbox"/> Male <input type="checkbox"/> Neutered male <input type="checkbox"/> Female <input type="checkbox"/> Neutered female If female, she is not more than 30 days pregnant or suckling young.
Microchip number:	
Site of microchip:	
Date of final examination and microchip scanning (within 5 days of export):	

2. Test / treatment record

Tests conducted	Sample collection date	Test type	Test result
Rabies Neutralising Antibody Titre Test (RNATT)		FAVN* or RFFIT* (Positive at $\geq 0.5\text{IU/mL}$) [*Strike through as required]	

Treatments administered	Treatment date(s)	Treatment details (list date of last vaccinated, product name, active ingredient and date booster due)
Rabies vaccination		
External parasites [*Strike through as required]	1.	
	*2.	
	*3.	
Internal parasites	1.	
	2.	

3. Signature of Accredited Veterinarian

I certify that after due enquiry all the information provided in this Veterinary Health Certificate is true and the cat fully complies with the pre-export requirements described in the Australian Import Permit and the microchip number listed on all documentation matches the microchip number scanned on the animal described here.

<i>Signature of Accredited Veterinarian</i>	Country of export:
	Accreditation number:
	Date certificate completed: <i>(day/month/year)</i>
	Name:
	Address:
	Phone number:

4. Endorsement by APHIS Veterinarian

I certify that the Accredited Veterinarian that issued the Veterinary Health Certificate is authorized by APHIS to perform this function, and that the export preparations meet the requirements described in the Australian Import Permit.

<i>Signature of APHIS Veterinarian</i>	Country of export:
	Competent Authority:
	Date certificate endorsed: <i>(day/month/year)</i>
	Name:
	Address:
	Phone number:
<i>Stamp of APHIS Veterinarian</i>	Email contact: